



Foreclosure Assistance Application

Application # _____

Applicant Name:		
Co-Applicant Name:		
Property Address:		
Mailing Address:		
City:		Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
Section 2 - Residential Information		
Check applicable unit: <input type="checkbox"/> Detached house <input type="checkbox"/> Townhouse <input type="checkbox"/> Trailer <input type="checkbox"/> Condo <input type="checkbox"/> Other		
How long have you lived in this unit? _____		
Is this your primary residence: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any liens or additional mortgages on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what are they?		
Type of Mortgage:	Do you have HOA/Condo Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No Are your HOA/Condo Fees current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the monthly mortgage payment?		
Have you called the Lender to seek forbearance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information		
If you have applied for forbearance:		
<ul style="list-style-type: none"> When did you apply: _____ When does it expire: _____ 		
When was your mortgage payment last paid?		How much is owed on the mortgage?
Section 2 – Lender Information		
Name:		
Address:		
Contact Person:	Phone:	
Account Number:		



Has the foreclosure process started against your home? ☐ Yes ☐ No

If yes, did you receive a notice prior to March 16, 2020? ☐ Yes ☐ No

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Please describe briefly the details of your situation on why you are seeking assistance:

Section 3 – Household Information

How many persons live in your household?

What is the marital status of applicant(s)?

List the Head of Household and all other persons living in the household. Indicate relationship to Head of Household.

Household Member Name	Relationship to Head of Household	Gender	Date of Birth	Social Security Number(s)
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Race of Head of Household:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Other Multi-Racial | |
| <input type="checkbox"/> American Indian/Alaskan Native and Black/African American and White | |

Ethnicity of Head of Household:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Latino |
|---|---|



Section 4 – Income Information			
List the <i>current</i> income of applicant(s) and all persons in household over the age of 18 who are not full-time college students. Income includes wages, salaries and tips, alimony, child support, military income, TANF, Social Security, pensions, and other government benefits including unemployment payments.			
Household Member Name	Sources of Income (include employer name and address)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
1.			
2.			
3.			
4.			
5.			
6.			
What was your total household income prior to loss of job(s) or hours due to the COVID crisis:			
Provide information on Savings and Checking Accounts held by each member of household over the age of 18 who are not full-time college students.			
Household Member Name	Type of Account	Bank	Current Balance
1.			
2.			
3.			
4.			
5.			



6.			
Section 5 – Other Assistance - Duplication of Benefits			
<p>Have you received funds to be used for foreclosure assistance since March 2020?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? From who? How much?</p>			

Applicant Affidavit

I/We understand that the information provided above is collected to determine if I/We are eligible to receive assistance provided through Howard County. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of homeowner assistance and is punishable under federal law. I/We authorize Howard County and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for funding.

I/We acknowledge and understand that Title 18, Section 1001 of the U.S. Code (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal or cover up a material fact; (b) make any materially false, fictitious or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious or fraudulent statement or representation, to any branch of the United States government including recipients who distribute federal funds, and (2) requires a fine, imprisonment for not more than five years or both, which may be ruled a felony, for any violation of such Section.

I/We also understand that if my request for assistance is approved that this information may be shared with the State of Maryland and the U.S. Department of Housing and Urban Development.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____



APPLICATION CHECKLIST

All applicable information must be submitted for an application to be determined complete. Attach all relevant documents:

- Unemployment Letter or benefits statement for anyone over 18, if applicable
- Most recent Mortgage Statement
- Documentation of Forbearance, if applicable
- Documentation of Notice of Intent Foreclosure
- Copy of valid Photo ID
- Copy of most recent paycheck earnings for each member over 18 in household and not a full-time student, if applicable
- Current copy of any monthly government income/benefits in household, if applicable
- Current copy of pension statement, if applicable
- Current copy of child support or alimony payments, if applicable

Please send this complete application and attachments to foreclosureprevention@howardcountymd.gov

Incomplete applications will be returned

For Internal Use Only

Date Application Submitted: _____ Date Application Determined Complete: _____

Approved ☐ Yes ☐ No

If No, detail why:

